

TIER I ASSESSMENT INVOICE



SOUTH CAROLINA
Department of Health and Environmental Control (DHEC)
Underground Storage Tank Program
TIER I ASSESSMENT

UST PERMIT # _____ COUNTY _____

FACILITY NAME _____

STREET ADDRESS _____ CITY _____ STATE _____

ZIPCODE _____ INVOICE # _____ COST AGREEMENT # _____

For work performed during (specify time period) _____ to _____

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this and all attached documents; and that based on my inquiry of those individuals responsible for obtaining this information, and any other information I may be aware of, I believe that the submitted information is true, accurate, and complete. I further agree, in accordance with any DHEC demand letter, to promptly repay any overpayment received.

Select the Party that was the Payee: Contractor Owner/Operator

****Please fill out BOTH the Contractor and Owner/Operator Sections (original signatures).****

Contractor's Name (Type or Print)

Federal Tax ID or Social Security Number, if Payee

Contractor's Company

Contractor's Telephone Number example:(555) 555-5555

Address

City

State

Zipcode

Contractor's Signature (please use non-black ink)

Title

Date Signed (MM/DD/YYYY)

Owner/Operator's Name (Type or Print)

Federal Tax ID or Social Security Number, if Payee

Owner/Operator's Company

Owner/Operator's Telephone Number example:(555) 555-5555

Owner/Operator Address

City

State

Zipcode

Owner/Operator's Signature (please use non-black ink)

Title

Date Signed (MM/DD/YYYY)

If payment is to be sent to an address other than above, please indicate below:

Name of Individual or Company (please print)

Federal Tax ID or Social Security Number

Address (please print)

City

State

Zip Code

Base rate for TIER I: \$ _____

For additional footage and/or sampling
 attach the Assessment Component + \$ _____
 Invoice and enter the additional amount.

Less Paid Well Drilling Costs: - \$ _____

Total Amount Requested: \$ _____

SCDHEC USE ONLY

\$ _____

+ \$ _____

= \$ _____

Total Amount Requested is for the Tier I plus amount from the attached Assessment Component Invoice.

Owner or Operator - Attach a Copy of ALL Cancelled Checks (Front and Back) or Contractor can submit a notarized statement certifying amount of payment that has been received

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Instructions

Invoice Number	This is the number assigned by the Contractor for the invoice.
Cost Agreement # (CA#)	This is the authorization number assigned by the Department. This number may be found on the letter from the Department approving the scope of work.
Contractor	This box is to be checked if payment is to be made to the Contractor
Owner or Operator/ Responsible Party	This box is to be checked if payment is to be made to the owner/operator of the underground storage tanks or their authorized agent.
Cancelled Checks	Copies of the front and back of the cancelled checks must be submitted to the Department if the Owner/Operator is the payee or if the cost is to be applied to a SUPERB deductible. The cancelled checks should be attached to the invoice form. If you have not received the cancelled check from your banking institution, you may request the Contractor to provide a notarized statement certifying the amount of payment that has been received.
Amount Requested	This is the amount of financial compensation requested for the services performed. The amount requested may not exceed the amount approved by the Department for the tasks performed or the amount billed by the primary Contractor, whichever is less.
W-9/Tax ID	Please submit a W-9, Tax Identification Number if one is not on file with DHEC. DHEC requires a W-9 before payment may be issued to a Contractor or Well Driller.
Base Price + amount from the Assessment Component Invoice	The base price is the standardized amount allowed for the Initial Ground-Water Assessment. Please attach the Assessment Component Invoice for any footage over 25 feet and sampling of any potential receptor (e.g. potable/irrigation wells, streams.)
Total Amount Requested = base amount \$ _____ + \$ _____ Component Invoice amount	